CLINICAL REPORT

OF

SIX SURGICAL CASES

BY

DR. G. W. CALE.

CLINICAL REPORT

OF

SIX SURGICAL CASES.

BY

GEORGE W. CALE, M. D.,

PROFESSOR OF ANATOMY AND CLINICAL SURGERY ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS, ST. LOUIS, MO.

(*Reprint from St. Louis Clinique for February* 1892).

Clinical Report of Six Surgical Cases.

Traumatic Insanity.

Case I. O. C., male, æt. 24, bridge carpenter; case of Dr. Hall, of Eldorado, Ill. Family history good. The patient enjoyed good health until about seven years ago, when he was struck on the head with an unturned wagon spoke. The wound was situated over the superior longitudinal sinus, about midway between the fissure of Rolando and the external occipital protuberance. The wound, which was thought by the attending physician only to affect the scalp, suppurated for three months.

Three years ago the patient began to complain of severe pain in the occipital and parietal regions of the head; he became very imaginative, and as he expressed it, "Everything went wrong." He thought his family and friends were plotting against him. About this time he began to have attacks of *petit mal*. His manner and disposition became greatly changed; he was morose, ungrateful, peevish, and appeared to be unconcerned about anything and everything which should have interested him; he would lie when it was to his advantage to be truthful; he also developed a mania for stealing.

On October 17th, 1888, he was sent to the insane asylum at Anna, Illinois, where he remained sixteen months. At the end of this time he was somewhat improved in health, and accordingly discharged. When he returned to his old home he soon appeared in his old rôle, and being adjudged insane by the family was returned to the asylum in ten months, and there remained five months. At the expiration of this time he was discharged on trial and remained out but one month. After remaining in the asylum for four months he was brought to St. Louis, on an order of the Court, for treatment.

Being in the category of nervous diseases, Dr. Keating Bauduy was first consulted; he examined the case thoroughly, pronounced it of traumatic origin, and referred the case to me for operation. The day before the operation the scalp was shaven. The day of the operation the scalp was first scrubbed with soap and water, and then with a 1-2000 solution of the bi-chloride of mercury. The upper portion of the scalp was then constricted by tying a piece of rubber tubing around the head above the eyes and ears, and below the external occipital protuberance. A pear-shaped flap was made, over the site of the scar, with the pedicle toward the left ear; this was elevated with the periosteum attached, and a depression found in the bone which corresponded with the scar in the scalp.

The periosteum was adherent to the depressed bone. This piece of bone which was about the size of a ten cent piece was then removed with a chisel

and mallet; a corresponding portion of the inner table was found to be pressing on the brain just to the left of the superior longitudinal sinus, and removed with the aid of a sharp bone curette. The dura mater appeared normal. Four strands of catgut were laid in the wound, the outer ends protruding at the most dependent angle in order to insure efficient drainage. The flap was then stitched in position, the entire operation having been performed under a constant stream of a 1-3000 sublimate solution. Collodion was painted over the line of incision, and a dressing of sublimate gauze, cotton and rubber, held in place by a crinoline bandage. On the second day a small quantity of blood and serum was pressed from the wound; on the third day the catgut drain was removed, and two days later the sutures, the wound having healed by first intention.

Since the operation, which was performed Oct 30th, the patient has never had a pain of any description in his head. His disposition became very cheerful, and his manner was entirely changed. He was discharged well on the 12th day and returned to his home. Since that time we have had a number of letters from his family, who state that he is perfectly sane and appears and acts as he did before the reception of the injury seven years ago.

This case will be detailed more fully at some future time by Dr. Bauduy and myself.

Traumatic Epilepsy.

Case II. A. O. H.; male, æt. 26; farmer; case of Dr. E. Magoon, of Clarence, Mo. Family history good. When about six years old the patient was struck on the top of the head with a grubbing hoe, the point of injury being over the paracentral lobule of the left side. The scar was transverse in direction, about one inch in length, the inner end corresponding with the edge of the superior longitudinal sinus. The wound healed by granulation. The patient had good health until he reached the age of 21 years, when without any premonitory symptoms or warning of any kind, he had a severe epileptic convulsion; no vomiting. In twelve months he had a second attack, two years and a half later he had a third attack. The attacks then came monthly, semi-monthly and weekly.

About the first of July, 1891, he consulted Dr. Magoon, who prescribed the bromides and checked the attacks until the middle of the following October, when he had three convulsions in one night. He was brought to me the latter part of October by Dr. Magoon, and I asked Dr. Bauduy to see him with me. Pressure on the scar caused pain and slight dilatation of the pupils. We concluded the case one of traumatic origin, and decided to operate.

The patient was prepared exactly as Case 1, and a pear-shaped flap elevated. A piece about the size of a five cent piece, corresponding in position with the scar in the scalp, was removed with a chisel and mallet; both tables of the skull were thickened, but there was no appreciable compression. The dura mater was normal in appearance.

Catgut strands were used for drainage, and the wound treated as Case 1. The patient progressed nicely until the tenth day, when he had a slight attack of vertigo; he also had a similar attack on the eleventh day and was discharged on the twelfth day. His general health was improved, his eyes clear, and his appetite good. Since his return home he has increased in weight forty pounds, but has had several severe seizures.

RECURRENT APPENDICITIS.

CASE III. H. Q.; col'd; male, æt. 41; laborer. Case of Dr. Jennings. In May, 1889, the patient noticed a swelling in the right iliac region which was accompanied by pain and fever; this developed into an abscess. After existing for a month it was opened over the middle of the crest of the ilium; this suppurated for about one month, when the wound closed. In two months the abscess reformed and was again opened, but closed in a short time.

The patient had continued pain in the right iliac region until November 2nd, when the pains were very severe and paroxysmal, and radiated over the abdomen. On examination we found a firm tumor in the right iliac fossa, about the size of a large orange, which was very painful on pressure. The patient kept his thighs flexed on his abdomen. His temperature was 103 and pulse 95. The abdomen was shaven, scrubbed with soap and water, and then with sublimate solution. An incision six inches in length was made in the semi-lunar line, and the head of the cœcum presented in the wound, being adherent to the parietal peritoneum. I separated the adhesions posteriorly with my fingers and came upon a large abscess filled with a very offensive greenish yellow pus, the amount discharged being about one pint.

This abscess cavity was irrigated with water which had been boiled and cooled. I then passed the index finger of my right hand down to the lower and back part of the cavity and was able to feel it through the muscles of the back with my left hand; in this I took a sharp pointed knife and cut down, using the point of my right index finger as a guide, and opened the abscess cavity at its most dependent portion posteriorly. A large fenestrated rubber drainage tube was passed downward from the anterior opening and drawn through the posterior opening by means of a pair of hæmostatic forceps. The anterior incision was closed with silk sutures, and applications of towels wrung out of hot carbolic acid solutions made over both openings.

The following day the temperature dropped to 99 and the pulse to 72, and in a few days became normal. The discharge gradually became less and at the end of three weeks the drainage tube was removed. Patient was discharged well in five weeks.

OVARIOTOMY.

CASE IV. S. E. B.; female; æt. 18; sent by Dr. Brown, of Edina, Mo. The patient first menstruated at the age of eleven years, the menses appearing every three weeks. Three years ago she noticed a swelling in the region of the right ovary, which grew rapidly, being accompanied by pain. In March, 1891, Dr. Brown diagnosticated ovarian tumor and punctured it with a trocar, removing about one gallon of a very gelatinous, yellow substance.

The sac refilled rapidly and she was sent to me for operation. On examination the abdomen was found enormously distended, dull on percussion, except in the lateral lumbar regions, and somewhat painful on manipulation. Two inches above the umbilicus was a deep transverse furrow running across the abdomen, which appeared to have been caused by the tight bands of the patient's clothes.

The urine contained a large number of epithelial cells from the bladder; otherwise normal.

The abdomen and pubes were shaven, scrubbed with soap and water, and then with sublimate solution.

A median incision was made below

the umbilicus about three inches in length and a large cyst was drained through a trocar of large calibre: the fluid was so thick that this part of the operation required nearly twenty minutes. The abdominal incision was then enlarged upward a distance of four inches and a second large cyst, which accounted for the furrow in the abdominal wall, was pulled down, incised, drained and removed, the pedicle having been transfixed with an aneurism needle armed with strong, cable twist silk first tied in two halves and then *en masse*.

Some of the contents of the cyst which was a yellowish brown gelatinous substance escaped into the abdominal cavity: this was removed with moist sterilized gauze.

A rubber drainage tube was inserted, the lower end reaching to the space of Douglas and the abdominal wound closed with silk sutures. The tube was removed the following day and the sutures on the fifth day. The patient did well except for the annoyance caused by an attack of bronchitis which was very much augmented by the anæsthetic. She was discharged well and returned to her home exactly three weeks from the day of operation.

Fig. 1.

The weight of the tumor and contents was about 40 pounds.

OÖPHORECTOMY.

CASE V. A. R., female, æt. 38, married, mother of two children, both living, younger 8 years old. Case of Dr. Barnes. Patient menstruated regularly and without pain until three years ago.

She then complained of constant pain in the region of both ovaries and across lower half of the abdomen; also pain extending from the upper lumbar regions downward and forward across the abdomen. These were more severe at her menstrual periods and she was

compelled to remain in her bed a great portion of the time. One year ago the pain becamc so severe that an operation was decided on and the right ovary was removed by Dr. Bernays, the left at the time of operation being perfectly normal in appearance.

She left the hospital in about one month and has since complained of abdominal weakness which I think is more imaginative than real, as I could find no possible cause for it. The first corresponding in position to the incision of the first operation; this was separated on the right side and two fingers, the first and second, of the left hand introduced into the abdominal cavity. The left ovary was found *behind* and to the *right* of the uterus; this was raised in the abdominal incision and the broad ligament and tube which were unusually long and lax were tied in two parts and then *en masse* after transfixion as in case IV.

Fig. 2.

of last November the patient was standing on a chair, in order to reach something which had been placed on a high shelf, when she lost her balance and fell over the back of the chair, striking her abdomen below the umbilicus, thus sustaining quite a severe blow. Since that time she has suffered great pain *again* near the region of the right ovary. A second operation was determined on and after the abdomen had been prepared in the usual manner the incision, a median one, was made in the scar of the first operation. The omentum was found adherent to the abdominal wall

The pedicle was dropped back into the cavity, the omentum pulled down and placed beneath the abdominal incision and the wound closed with five deep and two superficial silk sutures. Collodion was painted over the incision, gauze and cotton applied and held in place by a flannel bandage.

The patient did not vomit; pulse never rose above 88 nor temperature above 99.5. She made a rapid recovery. The ovary contained several small clear cysts on the surface, and at each end a hæmatoma about the size of a hazel nut.

ADENOMA OF PAROTID GLAND.

CASE VI. I. L., female, æt. 41. Case of Dr. Youngs of Rich Hill, Mo.

The tumor started three and one half years ago in a small nodule under the lobe of left ear: continued to grow until it had attained the size of a large orange. It extended from near the external angular process of the frontal bone to an inch and a half behind the mastoid process of the temporal bone and as far down as an inch and a half below the angle of the jaw: the lobe of the ear was elevated from the side of the face.

The upper and posterior part of the tumor was nodulated and covered by tight skin of a bluish red color. The tumor was of firm consistence and contained several soft spots about the size of a pigeon's egg which felt as if filled with jelly. None of the submaxillary or cervical glands were enlarged.

Fig 3.

The operation was performed with the assistance of Dr. Jennings, and Dr. Black, late U. S. A. An incision was made along the posterior border of the tumor, in the direction of the sterno-mastoid muscle, extending from its upper margin to within a short distance of the clavicle; a second incision was made beginning near the zygoma, passing downward about three-eighths of an inch anterior to the ear, to the first incision; these two were connected by a V-shaped incision beneath the lobe of the ear. The glandular mass was then carefully dissected out; it was attached to all contiguous structures, including the masseter and sterno-mastoid muscles, and extended far beneath the angle of the jaw. The hæmorrhage amounted to nothing, only five small vessels requiring ligatures (silk).

The facial nerve had to be sacrificed as it was impossible to dissect it from the tumor mass. The wound was irrigated with a 1-2500 sublimate solution, a rubber drainage tube inserted, extending from the angle beneath the ear to lower angle, and closed with 25 silk sutures. The dressing consisted of iodoform collodion and a compress of sublimate gauze and cotton.

Vomiting caused some slight secondary hæmorrhage, which escaped from the wound through the drainage tube, and stopped in a very short time without any interference. The dressings were changed the following day on account of the hæmorrhage, and subsequently every second day. The drainage tube and the sutures were removed on the fourth day, and the patient returned home on the ninth day, the wound having healed by first intention. (See figs. 1, 2 and 3) Chloroform was the anæsthetic used in all of the cases.

78 Vandeventer Place.